

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87S)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/565021

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	—					
10	—					
11	—					
12	—					
13	—					
14	—					
15	—					
16	—					
17	1					
18	—					
19	—					
20	—					
21	—					
22	—					
23	—					
24	—					
25	1					
26	1					
27	1					
28	1					
29	1					
30	—					
31	1					
32	—					
33	—					
34	—					
35	—					
36	—					
37	—					
38	1					
39	—					
40	—					
41	—					
42	—					
43	—					
44	—					
45	—					
46	1					
47	1					
48	—					
49	—					
50	—					
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
54						
55						
56						
57						
58						
59						
60	1					
61	1					
62	1					
63	1					
64	1					
65	1					
66	1					
67	1					
68	1					
69	1					
70			1			
71			1			
72			1			
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			9		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS			31			